NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

Nebraska's Pandemic Influenza Planning Process

Preparing for the Inevitable: The Priorities

Nebraska initiated its pandemic influenza planning process in September 2004. The process was based on the document, "Preparedness Planning for State Health Officials," issued by ASTHO in November, 2002.

As the first step in the process, Dr. Richard Raymond, then Chief Medical Officer of the Nebraska Health and Human Services (HHSS), requested that then Governor Mike Johanns create the Nebraska Influenza Advisory Committee. The committee's purpose was to gather members from diverse backgrounds to make recommendations related to the state's influenza pandemic planning effort.

Committee member categories include: law enforcement, professional association representatives, health care and mental health services providers, the school system, advocates, the faith community, academia, legislators, the Red Cross, the public health association, local health departments, retailers, emergency management, tribes, ethicists, minority health, county officials, and the community-at-large.

In October of 2004, efforts were delayed due to the flu vaccine shortage. After Johanns left to take a federal appointment, Nebraska's new governor, Dave Heineman, stated his support for the committee to carry on its charge.

In February an internal HHSS working group began meeting every other week to develop a curriculum and goals for the upcoming assembly of the committee members. Dr. Joann Schaefer, Deputy Chief Medical Officer, was designated the lead.

On April 11, 2005, a meeting of the committee members and HHSS staff was convened in a central Nebraska city. The site was selected for the desirability of its location as it could be easily reached by all members of the committee, who were selected from diverse parts of the state.

The goal of the meeting was to solicit members' open and unfettered input on the desired priorities for vaccination in the event of a pandemic. The task at hand was challenging, trying to get all committee members up to speed with enough scientific knowledge to be helpful for discussion. "Death by Power Point" was particularly avoided.

The first item on the agenda consisted of a presentation of "mock" news segments, playing out media response to a pandemic. The goal was to give members insight into one aspect of the public's reaction to an outbreak.

Basic information about influenza illness was given because some members of the group did not have a medical background or knowledge about influenza. The clinical features were discussed, as well as information about the various type of strains and antigenic shift vs. drift, opportunities for genetic reassortment, a history of past influenza pandemics, the prerequisites for the start of a pandemic, high risk groups, antivirals, isolation and quarantine, flu-related mortality, and the potential social and economic costs of influenza. CDC's published vaccination goals were presented.

Two small-group and one large-group activities took place. All groups considered questions with a facilitator. From the small groups information was reported back to the entire group.

In the first module, the groups discussed "Setting the Stage," or the existing circumstances preceding an outbreak, with background information. The second module covered "The First Wave," or the advent of a pandemic, with information about antivirals as well as isolation and quarantine. The third module, with the entire group, focused on "Waiting for the Vaccine," with a discussion of the lapse in time between the beginning of the outbreak and the availability of vaccine. The entire group brainstormed recommendations on:

- strategies to deal with educating various communities on details specific to the state plan;
- prioritization of vaccination goals; and
- issues surrounding antivirals.

At closure of the meeting, the group identified four strengths of the process:

- the committee was multi-disciplinary;
- the committee's work was accorded a high level of importance by the governor and state health officials;
- people were involved and willing to give up a day of work; and
- everyone was given an opportunity for input.

The group also identified as a weakness in the process that there were not enough citizens-at-large on the committee.

Opportunities identified included:

- the opportunity to work with the group/audience that each stakeholder represented in order to educate and provide feedback on the process; and
- the opportunity to gain more citizen input.

What we found:

- a strong response from members occurred when the activity was at the governor's request;
- there was tremendous trust in the public health system in our state; and
- there existed the expectation that federal and state officials will, in the event of an outbreak, look at a situation and make priority recommendations based on the committee's recommendations and the most current epidemiological information available.

A meeting is planned this fall for the reassembly of the committee for further work on Nebraska's recommendations.

The influenza planning efforts have been paid for by bioterrorism preparedness dollars from the CDC.

Nebraska has been asked by the CDC to be one of four states to participate in a pilot project that will test a method of engaging citizens and scientists in deliberations about which groups in the population require the earliest protection against influenza in the event of a pandemic. As part of the project, a cross-section of lay citizens in Nebraska will participate in meetings locally and one on the national level with the opportunity for input on the national pandemic influenza plan. This will be an opportunity for Nebraska citizens to participate in the policy-making process. Participants will be included in Nebraska's local planning effort.

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